

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90056 027 \*\*\*\*61.25

**DOCUMENT # N24973**

1. Entity Name  
COUNTRYSIDE VERANDAS FOUR ASSOCIATION, INC.



Principal Place of Business

C/O INTEGRATED PROPERTY MANAGEMENT  
3435 10 STREET NORTH SUITE 201  
NAPLES, FL 34103 US

Mailing Address

C/O INTEGRATED PROPERTY MANAGEMENT  
3435 10 STREET NORTH SUITE 201  
NAPLES, FL 34103 US



03252005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0027296

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIERSTEIN, JULIANA  
4100 CORPORATE SQUARE  
SUITE #172  
NAPLES, FL 34104

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARON, JOSEPH  
STREET ADDRESS 496 VERANDA WAY, F-206  
CITY-ST-ZIP NAPLES, FL

TITLE STD  
NAME MALLEY, MARILYN J  
STREET ADDRESS 492 VERANDA WAY E106  
CITY-ST-ZIP NAPLES, FL

TITLE VPD  
NAME WALTER, LEON  
STREET ADDRESS 496 VERANDA WAY, F-104  
CITY-ST-ZIP NAPLES, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver, a trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joseph O. Caron President* 1-6-05 353 0250